

**Montgomery County Department of Recreation
Sports Team**

**4010 Randolph Road, Room 302, Silver Spring, Maryland 20902
(240) 777-6870 FAX: (240) 777-6890**

☐ MEN'S DIVISION: ☐ A ☐ B ☐ C ☐ D ☐ 35+ ☐ 50+ ☐ 55+ ☐ 60+

☐ WOMEN'S ☐ B/C

MANAGER'S NAME _____

TEAM NAME _____

PLAYING NIGHT: ☐ SUN ☐ MON ☐ WED ☐ THU

LOCATION: _____ JERSEY COLOR: _____

TEAM ROSTER ADULT BASKETBALL LEAGUE

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use if any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program.

ADDRESS

CITY: _____ **ZIP** _____

PHONE: H: _____ **W:** _____ **C:** _____

FAX #: _____ **E-MAIL:** _____

Please mail or fax roster to the attention of the Sports Office.

FIRST & LAST NAME (please print)	STREET ADDRESS & CITY	ZIP CODE	PHONE (w/ area code)	AGE	SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

*Players who are 18 years of age before the season starts and must be out of High School to participate.

Comments: